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Bib Data Sheet



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SERIAL NUMBER 09/409,041	FILING DATE 09/29/1999 RULE -	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. WD2-99-030
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APPLICANTS

JOHN M. PACKES JR., HAWTHORNE, NY ;
JAY S. WALKER, RIDGEFIELD, CT ;
DANIEL E. TEDESCO, NEW CANAAN, CT ;
STEPHEN C. TULLEY, STAMFORD, CT ;
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**** CONTINUING DATA ******* *None - MC 1/24/02*

**** FOREIGN APPLICATIONS ******* *None - MC 1/24/02*

**IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 10/21/1999**

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>MC - 1/24/02</i> Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

WALKER DIGITAL
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STAMFORD, CT 06905

TITLE

SYSTEMS AND METHODS TO PROVIDE A PRODUCT TO A CUSTOMER BEFORE A FINAL
TRANSACTION TERM VALUE IS ESTABLISHED

FILING FEE RECEIVED 1728	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/409,041	09/29/99	705	2761	WD2-99-030

APPLICANT JOHN M. PACKES JR., HAWTHORNE, NY; JAY S. WALKER, RIDGEFIELD, CT;
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KEITH BEMER, NEW YORK, NY.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CON OF ~~08/889,503 07/08/97~~ *No*
WHICH IS A CON OF ~~09/083,345 05/22/98~~
WHICH IS A CON OF ~~09/337,906 06/22/99~~

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/21/99 **** ~~SMALL ENTITY~~ ****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 8
Verified and Acknowledged Examiner's Initials _____ Initials _____					

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\$899		